

**Residentially Based Services (RBS) Foster Care Claim
Quarterly Claim Validation Certification**

Complete this form within 90 days from the end of the quarter and submit to the Fiscal Systems and Accounting Branch - Financial Services Bureau.

County: _____

Quarter and Calendar Year: (please check appropriate quarter and fill in year)

Quarter:

Year:

___ September (July -September)
___ December (October - December)

___ March (January -March)
___ June (April - June)

Certification: (please check one of the two statements, sign, and submit with any required documents)

We have examined a sample of ____ (*) RBS cases presented on the Fiscal Tracking sheets for the three months in this quarter, and compared the rate claimed for each case against the placement data recorded in the Child Welfare Services (CWS)/ Case Management System (CMS) for each case. The CWS/CMS placement data matched the RBS rate being claimed for all cases in the sample.

We have examined a sample of ____ (*) RBS cases presented on the Fiscal Tracking sheets for the three months in this quarter, and compared the rate claimed for each case against the placement data recorded in the CWS/CMS for each case. The placement data did not match the RBS rate being claimed for ____ (**) cases in the sample. An RBS case resolution sheet is attached for each case where the CWS/CMS placement data did not match the RBS rate claimed.

Signed:

Date: _____

X _____

**Karen Gunderson, Chief
Child and Youth Permanency Branch**

* - Please enter the number of cases examined in the three month period.

** - Please enter the number of cases examined that did not match.

A case resolution sheet is attached for each case.